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## APPLICANTS

Yoshinori Inoue, Yokohama-shi, JAPAN;  
 Hisaaki Shinji, Yokosuka-shi, JAPAN;  
 Noboru Uchimura, Yokohama-shi, JAPAN;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

JAPAN 2003-292753 08/13/2003

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 06/12/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 11	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>                    </u> Examiner's Signature Initials				

## ADDRESS

25944

## TITLE

Dental system and method of producing the same

<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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